## **AGENT LICENSING DIVISION**

P.O. Box 517 Frankfort, KY 40602-0517 (502) 564-6004 www.doi.state.ky.us

## REQUEST FOR WAIVER OF RENEWAL PROCEDURES or EXEMPTION FROM EXAMINATION or EXTENSION FOR CONTINUING EDUCATION

## **DUE TO ACTIVE MILITARY SERVICE DEPLOYMENT**

		()
(Licensee Name)	(Social Security Number)	(Telephone Number)
(Street or Post Office Address)	(City, State, and Zip Code)	
PLEASE CHECK APPROPRIATE REQUEST:		
<ul> <li>Waiver of Renewal Penalties and Sanctions*. A</li> <li>Explanation of which renewal procedures</li> <li>Documentation proving or affidavit swear</li> </ul>	should be waived and why.	ary service and deployment.
<ul> <li>Waiver of Continuing Education Requirements*         <ul> <li>Explanation of why Continuing Education biennium period.</li> <li>Demonstrate that you have given a good for a Documentation proving or affidavit swear.</li> </ul> </li> <li>Exemption of Examination*. Attachments required the Explanation of which renewal procedutes a Documentation proving or affidavit sweap deployment.</li> </ul>	aith effort to meet requirement ing to the dates of active militarired: ures should be waived and	as prior to deployment.  ary service and deployment.  why.
<ul> <li>Extension of continuing Education Requirements</li> <li>Explanation of why Continuing Education biennium period.</li> <li>Extension date request (maximum 2 years). Include an explanation</li> <li>Demonstrate that you have given a good for the continuing Education proving or affidavit swears</li> </ul>	on requirements could not be sted to complete the required on of why this specific period faith effort to meet requirement	continuing education hours is needed.
(Signature)	(Date)	

NOTE: The Department will review request on a case by case basis and will notify you in writing whether your request has been granted or not.

<sup>\*</sup> KRS 304.9-200(3)

<sup>\*\*</sup>KRS 304.9-295(7)